FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL											
OMB Number:	3235-0287										
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0.5

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	Check this box if no longer subject
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Manherz Robin					2. Issuer Name and Ticker or Trading Symbol Advantage Solutions Inc. [ ADV ]										heck a	ationship of Reporting F call applicable)			10% Owner			
(Last)	(Fir	rst) (N	∕liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/24/2023											Officer (give title below)		Other (sp below)		specify		
ADVANTAGE SOLUTIONS INC. 15310 BARRANCA PARKWAY, SUITE 100					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person								
(Street) IRVINE	CA	<b>A</b> 9	92618													Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	ľip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														ended to			
		Table	l - No	n-Deriva	tive S	ecui	ities	Acc	uired,	Dis	posed of	f, or	Ben	efici	ally (	Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)				/Year)	Execuif any	eemed ution Date, / th/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired ( <i>F</i> Of (D) (Instr. 3		(A) or 3, 4 a	nd S B O F	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (D	A) or O)	Price	e Trans		orted nsaction(s) tr. 3 and 4)					
Class A Common Stock 05/24/20						.023			A		98,314(1	1) A :		\$0.0	00	152,160			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security  (Instr. 3)  2. Conversion Date Execution On Exercise of Derivative Security  3. Transaction Date Execution (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)				4. Transaction Code (Instr. 8)				6. Date I Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 an		f 9	8. Pric Deriva Securi (Instr.	ative ity	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nun of	ount nber ires								

## Explanation of Responses:

1. Represents an award of restricted stock units (RSUs) that is a contingent right to receive Class A Common Stock upon vesting. The RSUs are scheduled to vest on the earlier of the one-year anniversary of the date of grant or the day immediately preceding the date of the first annual meeting of the Issuer's stockholders occurring after the grant date.

/s/ Bryce Robinson, Attorneyin-Fact

05/26/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.